

GATOR HAWK ARMOR, INC. ZYLON VEST REPLACEMENT CLAIM FORM

READ THIS ENTIRE DOCUMENT CAREFULLY. IT AFFECTS YOUR LEGAL RIGHTS. IT ALSO PROVIDES DEADLINES THAT YOU MUST MEET.

WARNING - ON AUGUST 24, 2005 THE NATIONAL INSTITUTE OF JUSTICE ISSUED NIJ BODY ARMOR STANDARD ADVISORY NOTICE NO. 01-2005 STATING "The National Institute of Justice (NIJ) hereby advises that it has identified...Zylon®... as a material that appears to create a risk of death or serious injury as a result of degraded ballistic performance when used in body armor." ON THE SAME DATE, THE NATIONAL INSTITUTE OF JUSTICE DECERTIFIED ALL VESTS CONTAINING ZYLON®. PLEASE BE ADVISED THAT YOUR INSURANCE COMPANY MAY REQUIRE YOU TO WEAR AN NIJ CERTIFIED VEST.

If you are a member of the Class, and you want to **PARTICIPATE** in the Settlement to receive new non-Zylon replacement panels or vouchers to purchase new non-Zylon vests, you must complete this Claim Form (please complete only one Claim Form for each Zylon vest purchased) **and fax or mail** the Claim Form by **August 5th, 2006** to:

Gator Hawk Armor Class Action
Claims Administrator
Facsimile: (503)820-3001 / Telephone: 1(888) 697-3712
P.O. Box 6515
Portland, OR 97228-6515

I. Purchasers - Provide the information requested on pages 1 and 2, and sign and date the bottom of page 3.

- The information on page 2 must be provided **For Each Vest To Be Replaced**. For example, if you purchased five vests, please complete one claim form and make four additional copies of just page 2, then complete those additional pages and submit it with your claim form. Copies of page 2 are also available for download at www.gatorhawkarmor.com/zylonreplacement.

<input type="checkbox"/> Individual		<input type="checkbox"/> Organization	
Name: _____		_____	
First		Last	
Agency Name: _____		Position or Title: _____	
Address: _____			
[NO PO BOXES - Requires a UPS shipping address]			
City: _____		State: _____	Zip: _____
Work Phone: (_____) _____		Home or Cell Phone: (_____) _____	
Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Prefer email			
Best Days to Call (Check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
E-mail Address: _____			
Number of Vests to be Replaced in this Claim: _____			
Please provide the name, address and contact information where you would like to pick up your vest(s) if different than the address above:			
Name _____		Phone # (_____) _____	
Address: _____			
[NO PO BOXES - Requires a UPS shipping address]			
City: _____		State: _____	Zip: _____

First Name of Vest User: _____ Last Name of Vest User: _____

Model of your Zylon vest: (Please select the vest you purchased)

Concealable ☐ GH-2A-1023 ☐ GH-2-1023 ☐ GH-3A-1023 ☐ GH-2-1117 ☐ GH-3A-1118

Tactical ☐ GH-3A-1023 ☐ GH-3A-1118

☐ Other _____

Front Panel: _____ Back Panel: _____ ☐ Male Vest ☐ Female Vest
Serial # _____ Size _____ Serial # _____ Size _____

Date of original purchase: _____ NIJ Threat Level of Vest: ☐ IIA ☐ II ☐ IIIA
Month/Year _____

- Was the fit (size and shape) of your Zylon ballistic panels altered or modified at the factory? ☐ Yes ☐ No

- If so, please describe any modification about size and fit, trace an outline of the panel(s) and include the tracing with this Claim Form. _____

IMPORTANT: If you have a Tactical vest, do not complete the remainder of this page. A Gator Hawk representative will contact you upon your submission of this claim to the Claims Administrator. If you have a Concealable vest, please complete the remaining sections of this page.

Benefit Options: Please indicate your choice for Option A or Option B.

Option A: ☐ **New Non-Zylon Replacement Panels.** You will receive new non-Zylon Gator Pro II (GH-2-0408) or Gator Pro IIIA (GH-3A-0408) replacement panels, depending on the threat level of your original Zylon vest. If you originally purchased a level IIA or level II vest, you will receive level II replacement panels. If you originally purchased a level IIIA vest, you will receive level IIIA replacement panels. If you originally purchased a tactical vest containing Zylon, you will receive new non-Zylon replacement tactical panels. All Class members who did not originally purchase a level IIIA vest have the option to upgrade to a level IIIA vest for an additional cost of \$49.50. It is a requirement of the Settlement Agreement that **ALL CLASS MEMBERS WHO STILL HAVE THEIR ZYLON PANELS ARE REQUIRED TO RETURN THEM UPON RECEIPT OF THEIR REPLACEMENT PANELS. DEFENDANT WILL PROVIDE APPROPRIATE SHIPPING MATERIALS AND PAY FOR THEIR RETURN.**

The replacement vest panels will consist of only the ballistic panels and not a replacement carrier. Class members electing Option A, however, will receive a fully-transferable \$55.00 voucher from Defendant applicable towards the purchase of any product manufactured by Gator Hawk at a product price of forty-five percent (45%) off the published retail price (i.e. state contract price). The published retail price of a standard Gator Hawk carrier is \$100.00 and thus, all Class members electing Option A will be entitled to receive new ballistic panels and a voucher sufficient to purchase a new carrier, or other product manufactured by Gator Hawk.

If you are electing Option A and wish to receive a new standard carrier, please indicate your preference for the carrier color for your replacement vest (Please choose one of the following):

☐ Navy ☐ White ☐ Black ☐ Tan ☐ Brown ☐ Other _____

IMPORTANT NOTE: In the event you have already replaced, or are already in the process of replacing your Zylon vest(s) outside of this Settlement, you may elect to have your new replacement panels to which you are entitled under this Settlement delivered in the future up to sixty months or until August 5, 2011. All Class members electing this option must return their original Zylon panels within 120 days of making this election. For more details on this option please see section 8 of the notice of settlement.

Future Delivery Option: ☐ Yes - If Yes, indicate month/year for delivery of your replacement panels: _____ (month/year)

Option B: ☐ **Fully-Transferable Voucher.** Class members may elect to receive a fully transferable voucher from Gator Hawk to be used toward the purchase of any ballistic vest system at a purchase price of forty-five percent (45%) off the published retail price for that product (i.e. state contract price).

The vouchers will be valued as follows: Class members who purchased their original Gator Hawk Zylon Vest(s) between 1/30/2005 and 1/30/2006 shall receive a voucher in the amount of \$385.00; between 1/30/2004 and 1/29/2005 = \$308.00; between 1/30/2001 and 1/29/2004 = \$231.00. Your voucher(s) will be delivered to you directly. All vouchers will be valid for sixty months and may be redeemed through Gator Hawk Armor. **IF YOU STILL HAVE YOUR ZYLON VEST, YOU MUST RETURN IT TO GATOR HAWK WHEN YOU RECEIVE YOUR NEW VEST. IF YOU NO LONGER HAVE YOUR ORIGINAL ZYLON VEST, PLEASE INDICATE IN THE SPACE BELOW WHY YOU NO LONGER HAVE YOUR ZYLON VEST.**

To Object to the Supplemental Relief Program or the Settlement

If you wish to **OBJECT** to the Settlement, or to the application by Plaintiffs' Counsel for an award of attorneys' fees and expenses, then you must state your objection in writing and mail it, postmarked on or before April 25, 2006 to:

Office of Clerk of Court
Circuit Court of Duval County
330 East Bay Street, Room 103
Jacksonville, Florida 32202

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

PLEASE FOLLOW THE INSTRUCTIONS IN THE NOTICE FOR SUBMITTING AN OBJECTION.

To Exclude Yourself From the Settlement

If you purchased a Zylon-containing vest manufactured by Gator Hawk Armor, Inc. and you wish to **EXCLUDE** yourself from the Settlement, you must complete the Request for Exclusion below and mail or fax it by April 25, 2006 to:

Gator Hawk Armor Class Action
Claims Administrator
P.O. Box 6515
Portland, OR 97228-6515

AND PROVIDE A COPY TO:

W. Pitts Carr, Esq.
David M. Cohen, Esq.
Carr, Tabb & Pope, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327
Telephone: (404) 442-9000
Facsimile: (404) 442-9700

For Additional Information

For additional information or questions you may contact the Claims Administrator toll-free by calling 1(888) 697-4712, or visit www.gatorhawkarmor.com/zylonreplacement. If you have any problems participating in the Settlement, or receiving your benefits, you may also contact Plaintiffs' Counsel:

W. Pitts Carr, Esq.
David M. Cohen, Esq.
Carr, Tabb, Pope & Freeman, LLP
10 North Parkway Square
4200 Northside Parkway, NW
Atlanta, Georgia 30327

ALL CLASS MEMBERS MUST PRINT AND SIGN YOUR NAME AND ENTER THE DATE BY SIGNING YOUR NAME YOU AGREE THAT YOU HAVE READ AND UNDERSTAND THE THE INFORMATION IN THIS CLAIM FORM, INCLUDING NIJ BODY ARMOR STANDARD ADVISORY NOTICE #01-2005 REFERRED TO ABOVE, AND REPRESENT THAT THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Print Name

Signature

Date

Request for Exclusion

If you purchased a Zylon-containing vest manufactured by Gator Hawk Armor, Inc. and do **NOT** wish to participate in this Settlement, complete this portion of this Claim Form.

- A. I/our agency does NOT want to participate in the Settlement. _____ (check)
- B. I/our agency does not have Gator Hawk vests that contain Zylon®. _____ (check if applicable)

I/our agency understands that I/my agency may be a member of a Class of persons who purchased Gator Hawk vests containing Zylon®. I/our agency understand(s) that certain legal claims have been asserted on behalf of the Class and that I/our agency have/has the right to exclude myself/my agency from the Class.

I have read the Gator Hawk Armor, Inc. Notice of Class Action, Proposed Settlement and Hearing. I am sufficiently advised of my rights to remain a Class member and to be bound by any judgment rendered therein. I do **NOT** wish to be a Class member. By opting out, I am excluding myself/my agency from the binding effect of judgment and from all consideration available to members of the Class. I also realize that if I exclude myself/my agency from the Class by opting-out and subsequently choosing to bring an independent action, I will be responsible for choosing and compensating my own attorney(s) and that the statute of limitations for bringing claims set forth in this litigation will again begin to run from the date of my request for exclusion.

I understand that this **REQUEST FOR EXCLUSION** must be completed and returned by first class mail, postmarked on or before **April 25, 2006**.

Note: ONLY IF YOU DO NOT WANT TO PARTICIPATE IN THE SETTLEMENT SHOULD YOU FILL OUT A REQUEST FOR EXCLUSION. IF YOU WANT TO PARTICIPATE IN THE SETTLEMENT DO NOT COMPLETE THIS SECTION.

**YOU MUST PRINT AND SIGN
YOUR NAME, ENTER THE DATE,
YOUR TELEPHONE NUMBER
AND THE NUMBER OF VESTS
PURCHASED.**

Print Name

Signature

Date

Telephone No.

Number of Gator Hawk Armor, Inc. Zylon-containing vests purchased